

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2016 Annual Report

Name of Candidate Jeffrey S. Guice Committee ElectAddress P.O. Box 549 Ocean Springs MS 38564 County JacksonTelephone 228-875-1114 Fax \_\_\_\_\_Office Sought MS House 114 Email Address jguice@house.ms.gov
☐ Check here if above is different from previous report

X January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory  
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

\_\_\_\_ Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

**IMPORTANT**

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	<del>\$0</del> <sup>2750.00</sup> + \$1010.00	\$ 3760.00	\$ 3760
Total amount of disbursements	\$ 0 + \$2977.13	\$ 2977.13	\$ 2977.13
Total amount of cash on hand		\$ 1335.43	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date 1-25-17

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee PRO Elect Jeffrey Guice  
 Reporting period 1-1-16 through 12-31-16

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron Policy Govt &amp; Affairs</u>	<u>10/17/16</u>	\$ <u>1000</u>
Mailing Address <u>PO Box 6047</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>San Ramon CA 94583</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Chevron</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Oil</u>	Aggregate year-to-date	\$ _____
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser Busch</u>	<u>11/18/16</u>	\$ <u>250</u>
Mailing Address <u>Syracuse NY</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code _____	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Anheuser Busch</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Brewer</u>	Aggregate year-to-date	\$ _____
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF Railway Company</u>	<u>12/15/16</u>	\$ <u>250</u>
Mailing Address <u>2500 Lou Meunier Dr AOB-3</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Fort Worth TX 76131</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>BNSF</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Railway</u>	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Caremark RX Inc</u>	<u>12/15/16</u>	\$ <u>500</u>
Mailing Address <u>PO Box 287</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Lincoln RI 02895-0287</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Caremark RX Inc</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>RX</u>	Aggregate year-to-date	\$ _____

Name of Candidate or Committee PRO. Elect Jeffery S. GublerReporting period 12-31-16 through 1-1-16

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Eli Lilly And Company PAC</u>		<u>8/19/16</u>	\$ <u>500</u>
Mailing Address _____		<u>8/19/16</u>	\$ _____
City, State, Zip Code <u>Indianapolis in 46285</u>		<u>8/19/16</u>	\$ _____
Name of Employer (Required) <u>Eli Lilly</u>		<u>8/19/16</u>	\$ _____
Occupation (Required) <u>Eli Lilly</u>		Aggregate year-to-date	\$ _____
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comprehensive Health Plan Inc</u>		<u>9/12/16</u>	\$ <u>250</u>
Mailing Address <u>PO BOX 31390</u>		<u>9/12/16</u>	\$ _____
City, State, Zip Code <u>Tampa FL 33631-3390</u>		<u>9/12/16</u>	\$ _____
Name of Employer (Required) <u>Well Care</u>		<u>9/12/16</u>	\$ _____
Occupation (Required) <u>Managed Care</u>		Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>8/19/16</u>	\$ _____
Mailing Address _____		<u>8/19/16</u>	\$ _____
City, State, Zip Code _____		<u>8/19/16</u>	\$ _____
Name of Employer (Required) _____		<u>8/19/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>8/19/16</u>	\$ _____
Mailing Address _____		<u>8/19/16</u>	\$ _____
City, State, Zip Code _____		<u>8/19/16</u>	\$ _____
Name of Employer (Required) _____		<u>8/19/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee

Reporting period

through

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$